

H-0000 ELIGIBILITY DETERMINATIONS**H-100 GENERAL INFORMATION**

To determine eligibility you must:

- Have a complete application form; and
- Verify all eligibility factors.

During the application review process:

- Determine who is applying;
- Determine what kind of assistance is being requested; and
- Offer assistance to household members for whom assistance is not requested, if appropriate.

H-100.1 Selecting A Program

In order to protect the rights of the applicant, the agency representative shall review the applicant's circumstances and potential eligibility in all programs for which they may qualify.

Note:

Restrictions apply to Modified Adjusted Gross Income (MAGI)-related medical assistance. Refer to H-110, Roll-Down.

Determine the appropriate program for each applicant who is applying, based on MAGI-related or Non-MAGI-related eligibility requirements. Refer to [E-0000 Category](#), [F-0000 Medical Programs](#), and [I-0000 Eligibility Factors](#). The agency representative shall consider:

- MAGI-related programs for pregnant women and/or minor children are met. Refer to H-110 Roll-Down.
- Non-MAGI-related programs, such as:
 - Provisional Medicaid, for applicants/enrollees who are disabled or aged (65 or older) and meet all eligibility requirements in the Supplemental Security Income (SSI) program. Refer to [H-3300 Provisional Medicaid](#);
 - Family Opportunity Act Medicaid Buy-In Program, for children with disabilities and family gross income at or

below 300% of the Federal Poverty Limit (FPL). Refer to [H-2300 Family Opportunity Act Medicaid Buy-in Program](#);

- Qualified Medicare Beneficiary (QMB), for all applicants or enrollees who are enrolled in Medicare Part A. Consider QMB Plus eligibility before considering eligibility for QMB Only. Refer to [H-1100 Qualified Medicare Beneficiary \(QMB\)](#);
- Specified Low-Income Medicare Beneficiary (SLMB), for all applicants/enrollees who are enrolled in Medicare Part A. Consider SLMB Plus eligibility before considering eligibility for SLMB Only. Refer to [H-1300 Specified Low-Income Medicare Beneficiary](#);
- Qualified Individuals (QI), for all applicants/enrollees who are enrolled in Medicare Part A. Refer to [H-2000 Qualified Individuals \(QI\)](#);
- Qualified Disabled and Working Individual (QDWI). Refer to [H-1200 Qualified Disabled and Working Individuals \(QDWI\)](#); and
- Extended Medicaid (Disabled Adult Children (DAC), Disabled Widows/Widowers (DW/W), Early Widows/Widowers (EW/W), Pickle, and Disabled Widows/Widowers/Divorced Spouses with no Substantial Gainful Activity (SGA Disabled W/W/DS)), for every former SSI recipient who applies for Medicaid. Refer to [H-600 Extended Medicaid](#).
- Eligibility for long term care (LTC) if the applicant is in or will enter a LTC facility (refer to [H-800 Long Term Care](#)), or has been offered an opportunity for home and community based services (HCBS). Refer to [H-900 Home and Community Based Services \(HCBS\)](#).
- Spend-Down Medically Needy Program (SD-MNP) eligibility for every case denied Medicaid because of income including Extended Medicaid and QMB only. Refer to [H-1000 Medically Needy Program – General Information](#). See also H-110 Roll-down for MAGI-related assistance.
- Individuals with little or no income who have been or expected to be continuously institutionalized in an acute care facility (for example, in a hospital or rehabilitation center) for at least thirty

(30) days may be eligible for Medicaid.

Example:

An individual with a community spouse and resources that exceed the allowable limits for another Medicaid program may be eligible using spousal impoverishment resource provisions. Refer to [I-1660 Spousal Impoverishment Resource Provisions \(LTC/HCBS\)](#).

An applicant has the right to apply for Medicaid in any program. If the applicant/enrollee insists on including persons in a program for which they are obviously ineligible, complete the eligibility process and certify only eligible individuals. Notify the applicant of the individuals found ineligible.

Once a program has been selected, determine eligibility in accordance with policy for that program.

H-100.2 Evaluation of Eligibility in Other Programs

Eligibility in other assistance programs must be considered and the applicant/enrollee must be advised of other programs for which he may be eligible if:

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- At any point during the application process an applicant is determined ineligible;
- At any point after certification an enrollee is determined ineligible; or

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- A new member enters the household.

Spend-Down MNP eligibility must be considered if the applicant/enrollee is income ineligible for all ** programs.

Note:

Eligibility for children under age 19 is continuous for twelve (12) months, regardless of changes in circumstances. Continuous eligibility begins in the month of application. Refer to [H-1900 Continuous Eligibility](#) for more information.

H-100.3 Reserved

H-110 ROLL-DOWN FOR MAGI-RELATED ASSISTANCE

There is a specific order for considering the kinds of assistance for which MAGI-related Medicaid eligibility must be examined.

The Medically Needy Program (MNP) must, by regulation and interpretation, serve persons who are not eligible in a MAGI-related, or non-MAGI-related, assistance group because of income. All persons must first be considered for assistance in a MAGI-related or Non-MAGI-related program. Only if the individual is ineligible for assistance because of income can MNP be considered.

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The order is as follows:

- Parent and Caretaker Relatives Group (PCR);

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- Transitional Medical Assistance, Continued Medicaid;
- Child Health And Maternal Program (CHAMP) Child;
- Regular ** MNP;
- Louisiana Children's Health Insurance Program (LaCHIP), including the LaCHIP Affordable Plan (LAP);
- MAGI-related Spend-Down ** MNP;
- Former Foster Care; and
- Take Charge Plus (TCP) and/or Greater New Orleans Community Health Connection (GNOCHC).

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Note:

Due to the conversion of net income standards to MAGI equivalent income standards, individuals who would have qualified for Regular MAGI-related MNP qualify under the Parent and Caretakers Relatives Group.

H-110.1 MAGI-Related Eligibility Groups

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An individual may be considered for MNP only when that individual has been:

- Appropriately included in a MAGI-related eligibility group (PCR, CHAMP, or Continued Medicaid); and
- Denied Medicaid because of income.

Applicants can be certified in only one full-benefit MAGI-related eligibility group.

Reminder:

If ** eligibility is established and refused, reject the application.

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The applicant may not be given the choice to apply for Spend-Down MNP when other eligibility exists.

Medicaid enrollees who become ineligible shall be considered for eligibility in all other programs before being closed.

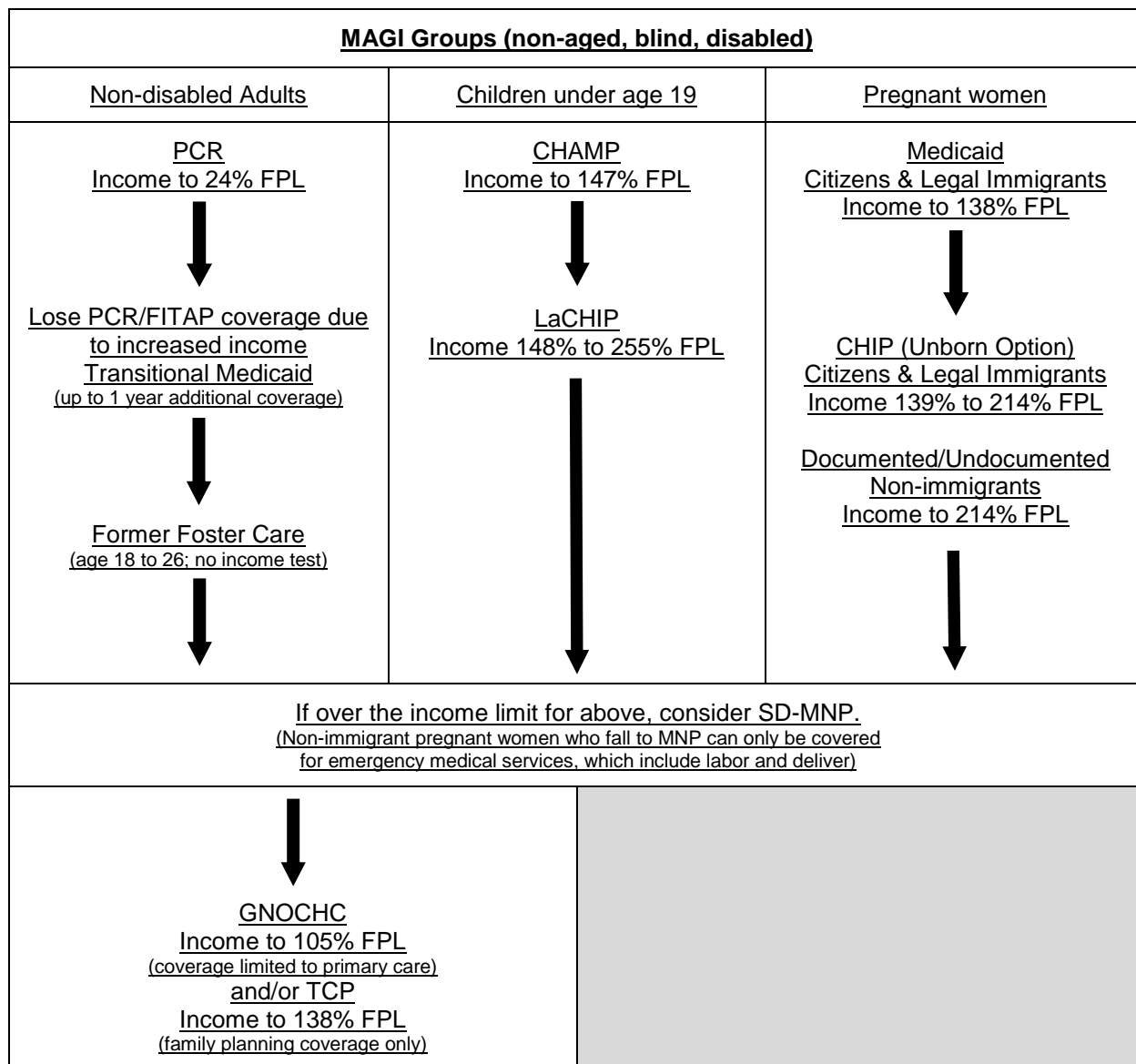
H-110.2 Medically Needy

Only if the applicant does not qualify for coverage, under any of the MAGI-related eligibility groups, because of income can eligibility in Spend-Down MNP be considered. Refer to [H-1021.4 Establish Need](#), which specifies who is to be included in the medically needy income eligibility standard (MNIES).

H-110.3 Documentation

Document that PCR, CHAMP, Continued Medicaid, Regular MAGI-related MNP, and LaCHIP programs have all been considered prior to a SD-MNP Program determination.

H-110.4 Roll-Down Flowchart For MAGI-Related Rejections, Closures, Or Removal Of Ineligible Enrollees








H-120 **ROLL-DOWN FLOWCHARTS FOR NON-MAGI-RELATED REJECTIONS, CLOSURES, OR REMOVAL OF INELIGIBLE ENROLLEES**

There is also a specific order for considering the kinds of assistance for which non-MAGI-related Medicaid eligibility must be examined.

SD-MNP must, by regulation and interpretation, serve persons who are not eligible in another assistance group because of income. All persons must first be considered for assistance in a non-MAGI-related program. Only if the individual is ineligible for assistance because of income can SD-MNP be considered.

H-120.1 Roll-Down Flowchart For Non-MAGI-Related (Formerly Aged, Blind, And Disabled Categories) Rejections, Closures, Or Removal Of Ineligible Enrollees

<u>Non-MAGI-Related Groups</u> <u>(formerly Aged, Blind, and Disabled Categories)</u>				
<u>Former SSI Recipients</u>	<u>Family Opportunity Act</u>	<u>Medicaid Purchase Plan</u>	<u>Provisional Medicaid</u>	<u>LTC</u>
<u>Previously had SSI but lost it due to change in income. Extended Medicaid Programs:</u> <u>DAC, D/W/W, E/W/W, Pickle and SGA Disabled W/W/DS</u> <u>Income < Federal Benefit Rate</u> 	<u>Children under age 19 with a disability</u> <u>Income to 300% FPL</u> 	<u>Age 16-64, disabled and working</u> <u>Income to 100% FPL</u> 	<u>Aged or Disabled and meets SSI income and resource criteria</u> 	<u>Individuals admitted to Nursing Facility or HCBS Waiver</u> 
If over the income limit for above consider, Spend-Down Medically Needy				

H-120.2 Roll-Down Flowchart For Other Rejections, Closures, Or Removal Of Ineligible Enrollees

<u>Other Programs</u>			
<u>Breast & Cervical Cancer</u> (If not eligible for full benefits under another program)	<u>Emergency Medical Services</u>	<u>Medicare Savings Programs</u>	<u>Tuberculosis</u>
<u>Screened through CDC program and found to be in need of treatment for breast or cervical cancer</u> (No income requirement for Medicaid but must be under 250% FPL to be screened through CDC)	<u>Individuals who otherwise meet criteria for a Medicaid program except for citizenship status.</u> (coverage limited to services needed for treatment of certain emergency situations including labor and delivery)	<u>QMB</u> ↓ <u>SLMB</u> ↓ <u>QI</u> ↓ <u>QDWI</u>	<u>Diagnosed as, or suspected of, being infected with Tuberculosis</u> <u>160% FPL</u> <u>MAGI Related</u>